

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/13/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15C0001142		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 06/15/2011	
NAME OF PROVIDER OR SUPPLIER  SYCAMORE SPRINGS SURGERY CENTER LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 4715 STATESMEN DR STE A INDIANAPOLIS, IN46250			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
S0000	This visit was for a State licensure survey.  Facility Number: 004157  Survey Date: 6-14/15-11  Surveyor: Jack I. Cohen, MHA Medical Surveyor  QA: cloughlin 06/16/11			S0000			
S0106	410 IAC 15-2.4-1 (a)(3)  The governing body shall do the following:  (3) Review the bylaws at least triennially. Based on document review and interview, the governing board failed to ensure documentation of review of its bylaws triennially.  Findings:  1. Review of the governing board bylaws indicated there was no documentation the governing board reviewed its bylaws within the past 3 years.  2. On 6-14-11 at 9:45 am, employee #A1			S0106	The governing board meets 7-11-11. The board bylaws will be presented for their approval by the administrator at the meeting. The item will be added to the list of triennial items to be approved by the board. The administrator is responsible for presenting this item to the board for approval. This deficiency will be corrected 7-11-11.		07/11/2011

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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S0310	<p>was requested to provide the above documentation and none was provided.</p> <p>3. On 6-15-11 at 3:15 pm, upon interview, employee #A1 indicated there was no written documentation of the governing board having reviewed its bylaws within the past 3 years.</p> <p>410 IAC 15-2.4-2(a)(1)</p> <p>The program shall be ongoing and have a written plan of implementation that evaluates, but is not limited to, the following:</p> <p>(1) All services, including services furnished by a contractor.</p> <p>Based on document review and interview, the facility failed to ensure 4 services furnished by a contractor were included in its quality assessment performance improvement (QAPI) program.</p> <p>Findings:</p> <p>1. Review of the facility's QAPI program indicated it did not include the contracted maintenance services of HVAC (heating ventilation, air conditioning), vacuum pump, sterilizer and medical gases.</p> <p>2. On 6-14-11 at 9:45 am, employee #A1 was requested to provide documentation</p>			S0310	<p>The missing services: HVAC, vacuum pump, sterilizer and medical gases have been added to the QAPI monitor reports as evidenced by attached copy. This was completed 7-6-11 by the administrator who is responsible for QAPI monitors. The missing services have been added to all QAPI templates in order to prevent this omission in the future.</p>		07/06/2011

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S1154	<p>of inclusion of the above services.</p> <p>3. On 6-15-11 at 3:15 pm, upon interview, employee #A1 indicated there was no documentation of inclusion of the above services and none was provided prior to exit.</p> <p>410 IAC 15-2.5-7(b)(3)(C)</p> <p>(b) The condition of the physical plant and the overall center environment must be developed and maintained in such a manner that the safety and well-being of patients are assured as follows:</p> <p>(3) Provision must be made for the periodic inspection, preventive maintenance, and repair of the physical plant and equipment by qualified personnel as follows:</p> <p>(C) Operational and maintenance control records must be established and analyzed at least triennially. These records must be readily available on the premises.</p> <p>Based on document review and interview, the facility failed to document operational and maintenance control records for the heating, ventilation, and air conditioning (HVAC) and fire alarm systems being analyzed at least triennially.</p> <p>Findings:</p>			S1154	<p>The Medical staff will be presented with the QAPI information for the missing services as in S0310 in order to review and approve that the triennial analysis of the PM's and service is documented as per regulation S1154. Assurance that the services are provided per manufacturer's guidelines have</p>		07/11/2011

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	1. On 6-14-11 at 9:45 am, employees #A1 was requested to provide documentation of triennial analysis of HVAC and fire alarm systems to determine the preventive maintenance conducted was in accordance with the manufacturer's recommendation or facility policy.  2. On 6-15-11 at 3:15 pm, upon interview, employee #A1 indicated there was no documentation of triennial analysis of HVAC and fire alarm systems and no documentation was provided prior to exit.				been added to the QAPI monitors. This item will be added to the list of items for approval triennially per the administrator, who is responsible for this tag, in order to prevent this tag in the future.		

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S1168	<p>410 IAC 15-2.5-7(b)(4)(B)(iii)</p> <p>(b) The condition of the physical plant and the overall center environment must be developed and maintained in such a manner that the safety and well being of patients are assured as follows:</p> <p>(4) The patient care equipment requirements are as follows:</p> <p>(B) All patient care equipment must be in good working order and regularly serviced and maintained as follows:</p> <p>(iii) Appropriate records must be kept pertaining to equipment maintenance, repairs, and electrical current leakage checks and analyzed at least triennially.</p> <p>Based on document review and interview, the facility failed to ensure records of preventive maintenance (PM) for 2 pieces of patient care equipment being analyzed at least triennially.</p> <p>Findings:</p> <p>1. On 6-14-11 at 9:45 am, employee #A1 was requested to provide documentation of triennial analysis of an anesthesia machine and a defibrillator to determine the PM conducted was in accordance with the manufacturer's recommendation or facility policy.</p> <p>2. On 6-15-11 3:15 pm, upon interview,</p>			S1168	<p>Under maintenance in the QAPI program for the center, an addition has been made that all preventative maintenance be conducted per manufacturer's guidelines. (attached) This will be reviewed by the administrator and approved by the medical staff triennially. The administrator, who is responsible for this tag, will add this item to the list of items needing approval triennially. Tonight at the Medical staff meeting this will be presented and reviewed for approval.</p>		07/11/2011

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